# REGISTER OF DEDUCTIONS FOR DAMAGE OR LOSS

FORM XX

(See Rule 78(1)(a)(ii)]

NAME AND ADDRESS OF CONTRACTOR

Nimbus Harbor Facilities Management Pvt. Ltd.H 305, Sushant Shopping Arcade, Sushant Lok I, Gurugram, Haryana

NAME AND ADDRESS OF ESTABLISHMENT IN/WHICH CONTRACT IS CARRIED ON

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

NATURE AND LOCATION OF WORK

Facilities Services Provided at M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi - 110070

NAME AND ADDRESS OF PRINCIPAL EMPLOYER

M/s INSTITUTE OF LIVER & BILIARY SCIENCES, D-1 Vasant kunj , New Delhi -110070

| S. No | Name | Father's/ Husband's Name | Sex | Department | Damage or loss caused with date | cause against deductions,if so,enter date | Date and amount of deductions imposed | Date and amount of fine imposed | Date on which fine realised | Remarks |
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| | NO DEDUCTION FOR DAMAGE & LOSS OF EMPLOYEE'S DURING THE MONTH OF SEPTEMBER,2025 | | | | | | | | | |
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NIMBUS HARBOR FACILITIES MANAGEMENT PVT. LTD. ★ GURGAON